

☒ This form is attached to Form SC-120, item 1 or 2.

**1 If more than 2 Plaintiffs (person, business, or public entity being sued), list their information below:**

Other Plaintiff's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Plaintiff's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Check here if more than 4 Plaintiffs and fill out and attach another Form SC-120A.

**2 If more than 2 Defendants (person, business, or public entity suing), list their information below:**

Other Defendant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this Defendant doing business under a fictitious name? ☐ Yes ☐ No If yes, attach Form SC-103.

Other Defendant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


Is this Defendant doing business under a fictitious name? ☐ Yes ☐ No If yes, attach Form SC-103.


☐ Check here if more than 4 Defendants and fill out and attach another Form SC-120A.

**3 I understand that by filing a claim in small claims court:**

- I have no right to appeal this claim, and
- I cannot file, and have not filed, more than two small claims cases for more than \$2,500 in California during this calendar year.

I declare, under penalty of perjury under California State law, that the information above and all information in the court forms and attachments that I have filed for this case is true and correct.

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name Sign your name

Date: \_\_\_\_\_  \_\_\_\_\_  
Type or print your name Sign your name